

CITY OF BELLE PLAINE APPLICATION FOR COMMISSION APPOINTMENT

Return the completed application to the Belle Plaine City Hall 218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011 Phone 952-873-5553 - Fax 952-873-5509

| Commission(s) applying for: | | | | |
|--------------------------------|---------------------|-------------|------------------------|-------|
| Personal Information | ☐ New Appoi | ntment | ☐ Re-Appointment | |
| Name | | | | |
| Street Address | | | | |
| City, State, Zip | | | | |
| Email | | | | |
| Phone | | | years of age or older? | |
| How long have you resided in | Belle Plaine? _ | | | |
| List any property you own in E | Belle Plaine (other | than reside | ence): | |
| Occupation | | | | |
| Present Employer | | | Business Phone | |
| Employer Address | | | | |
| Position Title | | | | |
| Education | | | | |
| Post Secondary Course Work | Completed | | | |
| Name of Institution Da | ates Attended | Deg | ree/Credits | Major |
| | | | | |
| | | | | |
| List Relevant Experience | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please explain what will you contribute to the community if appointed to a City Commission.

| As a Commiss | ion member, what issue(| s) may cause a conflict betw | een civic responsibility and personal/pro | fessio |
|-----------------|-----------------------------|-------------------------------|--|--------|
| Please explain | if your current employer | would object to your involver | ment on a Commission. | |
| re there any s | scheduling conflicts with r | egularly-scheduled meeting | s that we should be aware of? | |
| □No □ Ye | es If so, explain | | | |
| May we contac | ct your present employer? | Yes No | | |
| References - p | please list three persons (| not related) you have known | at least one year. | |
| Name | Address | Phone No. | Years Known | |
| | | | | |
| Physical Reco | ord | | | |
| | | ting you from serving for any | y position for which you are being conside | ered? |
| □No □Y€ | | | , , , , , , , , , , , , , , , , , , , | |
| | ay be done to accommoda | ate your limitation? | | |
| n case of an e | emergency, please notify (| (name, address, phone num | ber) | |
| Signature | | D | Pate | |
| Selection proce | ess may vary according to | o number of applicants and | openings and may not include interviews | with |

Selection process may vary according to number of applicants and openings and may not include interviews with all candidates.

CITY OF BELLE PLAINE INFORMED CONSENT/RELEASE OF INFORMATION

I hereby authorize The Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City Administrator of the City of Belle Plaine, or designee to inspect and gather information retained by local, county, state, and federal agencies.

| The following named individual has made application with | the City of Belle Plaine for the position of | |
|---|--|---|
| · | | |
| (Name: First, Middle, Last) | | _ |
| (Maiden, Alias or Former Name) | | _ |
| (Date of Birth) | (Sex) | |
| (Social Security Number - Optional) | (Driver's License Number) | |
| I realize that I am not legally required to sign this form, hor conviction record, if any, is a job related consideration. In consideration, I will be notified in writing and will be given Chapter 364. I understand that information disclosed to the Minnesota Statute, Chapter 13. | the event the City of Belle Plaine determines to n any rights to processing of complaints or grid | that my conviction record is a job related evances afforded by Minnesota Statute, |
| I authorize references and current and/or former employers complaints against me, to the City of Belle Plaine; and auth | | |
| I release those persons, employers, and organizations from | any liability for damage in providing this info | rmation to the City of Belle Plaine. |
| (Signature of Applicant) | (Date) | |
| Parent/Guardian must sign if applicant is under the age of | 18 years of age. | |
| (Signature of Parent/Guardian) | (Date) | |
| STATE OF MINNESOTA COUNTY OF | | |
| This instrument was acknowledged before me on | day of, | 20 by |
| ****Notary Public | ****Notary Stamp | |
| My Commission Expires: | | |
| ****Must be Notarized and signed by Notary in order to The expiration of this authorization shall be for a period | for a criminal history to be completed. od of no longer than one year from the dat | e of my signature. |

This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, The City of Belle Plaine is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Belle Plaine. All data collected is considered private except for the following:

- 1. Your Veteran's status
- 2. Relevant test scores
- 3. Your rank on our eligibility list
- 4. Your job history
- 5. Your education and training
- 6. Your work availability

Your name is considered private information, however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Belle Plaine. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Belle Plaine in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Belle Plaine to monitor protected class employment and to meet federal state and local reporting requirements.

| Applicant's Printed Name | |
|--------------------------|------|
| | |
| | |
| Applicant's Signature | Date |

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Act.

Please return all completed applications to: City of Belle Plaine, 218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011.

If submitting application **electronically, please type your name in the Signature space above, and check this box in lieu of your signature ...